

its effects, whether we have operated successfully or otherwise—whether what we have just done is sufficient, or whether the other eye should be operated on. I therefore never administer it without first apprising my patient of the possibility of a second operation being required. If we could always be sure that the strabismus was either single or double, we might pronounce a positive prognosis; but, in the uncertainty which often exists on this point, it will save disappointment to the patient and our own credit to give the warning just referred to. Another serious objection to chloroform is its liability to produce sickness, which both renders the operation more tedious and the hæmorrhage more considerable. I have seen so much blood poured out during the straining efforts to vomit, as to raise visibly the conjunctiva from the sclerotic, and to leave the eye discoloured for upwards of six weeks afterwards.

In conclusion, I would observe that the object of this and of the preceding papers was threefold:—

1. To call attention to the existence of a feeling, widely diffused among the profession, inimical to operative measures for the cure of strabismus.

2. To show that this feeling originated in the frequent occurrence of failures, whence the operation has acquired the character of being an uncertain one.

3. To point out the several causes of failure. Without a knowledge of these, it is a mere lottery whether success or failure shall result. With this knowledge, any surgeon possessing sufficient manipulative skill, may perform the operation with certainty and success.

#### PORT WINE ENEMATA AS A SUBSTITUTE FOR TRANSFUSION OF BLOOD IN CASES OF POST PARTUM HÆMORRHAGE.

By H. LLEWELLYN WILLIAMS, M.D. Edin., St. Leonard's-on-Sea; late Physician to the Dispensary and Maternity Charity, Beverley.

ON September 22nd, 1856, I was called into the country, a distance of four miles, to attend Mrs. C., aged 42, then about to be confined of her tenth child. All her previous accouchements had been favourable. When about six months advanced in pregnancy, she received a violent shock by the sudden death of her youngest child, since which time her general health had become much impaired. She had a peculiar pasty anæmic appearance, and complained much of general weakness.

On my arrival, I discovered the os uteri fully dilated; the membranes ruptured spontaneously; and, after three or four powerful pains, a fine female child was born. Placing my hand on the fundus uteri, I felt it slowly contracting under my grasp. My patient exclaimed, "I am flooding away," and fainted. I immediately had recourse to such restoratives as were at hand, and presently she began to revive. On making an examination, I found the placenta lying detached in the vagina, and removed it without difficulty, together with a large quantity of coagula. I had administered a dose of volatile tincture of ergot. The uterus continuing to contract feebly, and more than the usual amount of discharge being present, I applied some cold cloths to the vulva and hypogastric region; this having little apparent effect in arresting the discharge, though steady pressure was continuously applied with the hand on the abdomen, I had recourse to the plan recommended by Gooch, of throwing a quantity of cold water suddenly on the abdomen. My efforts still being foiled, and the hæmorrhage continuing, the powers of life manifesting evident symptoms of flagging, I introduced my left hand into the uterus, after the manner also recommended by Gooch, endeavouring to compress the bleeding vessels with the knuckles of this hand, whilst with the other I pressed upon the uterine tumour from without. This combination of external and internal pressure was equally as unavailing as any of the other plans already tried. At last, by compressing the abdominal aorta, as recommended by Baudelocque the younger (*Mémoires de l'Académie des Sciences*, Jan. 1835), I was enabled effectually to restrain any further hæmorrhage. The condition of my patient had now become sufficiently alarming, she having been for upwards of half an hour quite pulseless at the wrist, the extremities cold, continual jactitation being present, the sphincters relaxed, and the whole surface bedewed with a cold clammy perspiration. It now became a question what remedy could be had recourse to, which should rescue the patient from this alarming state, it being utterly impossible to administer any stimulant by the mouth. My distance from home, together with considerable

objections to the operation itself, which it is not here needful to dwell upon, made me abandon the idea of transfusion of blood; but, as a means which I believe will prove equally as powerful as transfusion in arresting the vital spirit, I had recourse to enemata of port wine, believing that this remedy possesses a threefold advantage. The stimulating and life-sustaining effects of the wine are made manifest in the system generally; the application of cold to the rectum excites the reflex action of the nerves supplying the uterus; and the astringent property of port wine may act beneficially by causing the open extremities of the vessels themselves to contract.

I commenced by administering about four ounces of port wine, together with twenty drops of tincture of opium. It was interesting to note the rapidity with which the stimulating effects of the wine became manifest on the system. Two minutes after the administration of the first enema, there was a slight pulsation distinguishable in the radial artery, which perceptibly increased in strength for the space of five minutes, after which the pulse again began to flag, and I had recourse to the administration of a second enema twenty minutes after the first. A more marked improvement was now manifest in the patient. She regained her consciousness; the pulse continued feebly perceptible at the wrist. In half an hour, I had again recourse to the enema, with the most gratifying result; and, after ten hours most anxious watching, I had the happiness of leaving my patient out of danger. The quantity of wine consumed was rather more than an ordinary bottle.

Pressure of business and subsequent ill health have hitherto prevented me giving the foregoing case to the profession. I hope it may now be perused with interest.

#### CASE OF OSTEO-SARCOMA.

By CHARLES HALLETT, Esq., Axminster.

FANNY COOK, aged 21 years, died under my care on June 21st, 1857. She was of a scrofulous habit, with light hair and complexion; and her mother informed me that she had been unhealthy from childhood. At about the age of 10 years, she had an enlargement of the abdomen, no doubt from disease of the mesenteric glands. At the age of 16, menstruation commenced, and the swelling gradually subsided; but from that time she was subject to severe pains in the upper part of the thigh on any unusual exertion, and she had several attacks of acute rheumatism.

She came under my care in September 1856, for acute rheumatism. She was at that time working in a silk-factory. She recovered from the attack in about four weeks, and resumed her work, but only for a few days. She now complained of a violent pain in the right hip; and, in about a week, it extended to the upper third of the thigh. The pain continued excessive, with tenderness and swelling of the parts; the pulse was seldom less than 100, often 120; the tongue dry, and skin hot, with frequent rigors. I considered it to be a case of inflammation of the periosteum, and treated it accordingly; but the disease gradually advanced, and the tension became so great, with indistinct fluctuation, that I divided the fascia freely, supposing there might be some confined matter; but the discharge was small, and very little relief was afforded. She now had occasional convulsive fits; and the pain was only relieved, so as to allow her a little sleep, by very powerful opiates. She said "the pain was all in the bone"; and I was of opinion that it was extensively diseased, and, from the progress of the case, supposed it to be osteo-sarcoma, and stated my opinion to her friends.

I was allowed to examine the parts after death, and found the circumference of the right thigh at the largest part to be twenty-six inches; that of the left thigh at the same part was only eight inches. The tumour extended from the hip to within six inches of the knee, and was of an ovoid shape. The skin was tense and shining as far as the tumour extended, and appeared ready to burst at several places; it showed a tendency to point at about three inches below Poupart's ligament, on the outer side. On being cut into, it had much the appearance of brain, and was intersected by fibrous bands; and had, for the most part, the feel and hardness of scirrhus liver; but it was softened in some parts, and contained pus; and osseous matter was intermixed, so that, when the tumour was cut, a grating sound was produced that could be heard at some distance. The head and shaft of the femur, to within six inches of the knee, were almost destroyed, except a thin plate of bone, full of holes, and giving way to a slight pressure of the knife, but only extending through about half the length of the tumour; and be-